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Public Protection

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 №:
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Date:

Your Reference: My Reference:

Dear Applicant

Licensing Act 2003 - Personal Licence Notification of Change of Personal Details

Following your recent enquiry regarding changes to your personal details under the Licensing Act 2003, I enclose a copy of the application form that you requested.

The cost of these changes to your licence is £10.50.

Please return both the card and the paper certificate of your personal licence when applying to change your details.

If you do have any queries regarding any of the points raised above or you have any queries concerning the application form, please contact the officer mentioned below by any of the methods mentioned above.

You are advised to ensure that all the questions on the application form are answered correctly otherwise your application may be invalid.

Yours faithfully



Application to Change Personal Details on a Personal Licence

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

All references to 'the Act' in this document refer to the Licensing Act 2003 Before completing this form please read the Guidance Notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. You may wish to keep a copy of the completed form for your records. Please leave blank sections that don't apply to you.

1. Your personal	1. Your personal details							
NAME (That currently appears on your licence)								
TITLE (delete as appropriate): Mr Mrs Miss Ms Other (please state)								
Surname								
Forename								
NEW NAME Only complete this box if your are applying to change the name that appears on your licence, if no change is needed then please leave blank.								
TITLE (delete as appropriate): Mr Mrs Miss Ms Other (please state)								
Surname								
Forenames								
YOUR ADDRESS (That currently appears on you licence)								
Post town		Post code						
YOUR CONTACT DET	TAILS							
Daytime								
Evening								
Mobile								
FAX NUMBER								
EMAIL ADDRESS (if you would prefer us to correspond with you by e mail)								

YOUR NEW ADDRESS Only complete this box if your are applying to change the address that appears on your licence, if no change is needed then please leave blank.							
Post town	_		Post	code			
YOUR NEW COM	ITAC	T DETAILS					
Daytim	ne						
Evenir	ng						
Mobi	le						
FAX NUMBER							
EMAIL ADDRESS (if you would prefer us to correspond with you by e mail)							
EMAIL ADDRES	S (IT)	you would preter us to con	respond	l with you by e	e mail)		
The address you wish us to correspond with you in regards to these amendments, If different from above or previous page.							
- 							
Post town			Post co	ode			
TELEPHONE NU	MBE	ERS					
Daytime							
Evening							
Mobile							
EMAIL ADDRESS	S (if y	you would prefer us to cor	respond	l with you by e	e mail)		
2. Declaration The information contained in this form is correct to the best of my knowledge and							
belief.							
It is an offence knowingly or recklessly to make a false statement in or in connection with an application for the grant or renewal of a personal licence.(A person is to be treated as making a false							
statement if he produces, furnishes, signs or otherwise makes use of a document that contains a false statement). To do so could result in prosecution and a fine not exceeding level 5 on the							
false statement). standard scale [£			ion and a	a fine not excee	eding level 5 on the		
SIGNATURE	<u> </u>	ı.		DATE			
					<u> </u>		

GUIDANCE NOTES

Information on the Licensing Act 2003 is available on the website of the Department of Culture, Media and Sport (https://www.gov.uk/guidance/alcohol-licensing) or from your local licensing authority.

All correspondence to be sent to:

Licensing Section
Environmental Health Service
London Borough of Havering
Mercury House, Mercury Gardens
Romford, Essex RM1 3SL

Tel 01708 432777

Misc. Act./004259/PPC01961